



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

05 MAR -7 10:16

KO102  
SUN

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kaizawa	Lori	K.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., #90			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			524-4155
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

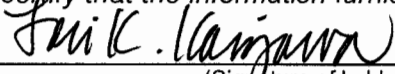
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Sunrise Oceanfront Farms, LLC		248-626-9099
MAILING ADDRESS (Street)		FAX
31300 Orchard Lake Rd., # 200		248-626-4571
(City)	(State)	(Zip Code)
Farmington Hills,	MI	48334
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Andrew Shaw		248-626-9099
MAILING ADDRESS (Street)		FAX
same		
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

2/7/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	--

Andrew Shaw

Managing Member

NAME OF ORGANIZATION (if applicable)

Sunrise Oceanfront Farms, LLC

TELEPHONE

248-626-9099

MAILING ADDRESS (Street)

31300 Orchard Lake Rd. # 200

FAX

248-626-4571

(City)

Farmington Hills

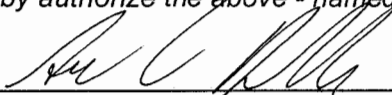
(State)

MI

(Zip Code)

48334

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

2/28/05

(Date)